

SALES TAX CLAIM FOR REFUND
FILE WITH
STATE OF GEORGIA
DEPARTMENT OF REVENUE
TAXPAYER SERVICES DIVISION
1800 Century Boulevard NE, Ste. 8214
Atlanta, Georgia 30345-3205
Telephone: (404) 417-6601
(EXECUTE AND FILE IN TRIPLICATE.)

Clear Form

Name of Taxpayer _____

Trade Name of Business _____

Business Address _____

City or Town _____ County _____ State _____ Zip Code _____

Present Mailing Address _____

City or Town _____ State _____ Zip Code _____

Sales Tax Certificate No. _____ STI Number _____ Soc. Sec. No. _____

Kind of Tax – Sales ☐ Use ☐ Amount Paid \$ _____ Amount Claimed as Refund \$ _____

Period (s) of Claim _____

Claimant verily believes that this claim should be allowed for the following reasons: (State in detail the factual and legal basis of claim. Attach additional pages if necessary.)

Under penalties of perjury I swear that I have examined this claim and that the facts given in the claim and in the supporting documents are true and correct.

Signed this _____ day of _____, 20 _____

SIGNATURE OF CLAIMANT OR CLAIMANT'S AUTHORIZED AGENT

Title

(If attorney in fact, attach power of attorney Form RD-1061)

**DEPARTMENT USE ONLY
AUDITOR CERTIFICATION**

I certify that I have made an examination of the claim and facts submitted by the taxpayer and recommend that the amount indicated herein be allowed and refunded.

Examining Auditor to complete items 1 through 8, including 5 if applicable, and the applicable tax distribution schedule

Period of Audit _____

	A – STATE	B – MARTA/SPECIAL	C – LOCAL	D – MOTOR FUEL	TOTALS
1. Amount Claimed					
2. Amount Rejected					
3. Additional Tax, Penalty and/or Interest Assessed or to be refunded					
4. Amount Allowed					
5. Amount Interest					
From _____ MM/DD/YY					
To _____ MM/DD/YY					
6. Total Cols. A, B, C and D					
7. Total Refund					

8. Approved for Credit Memorandum [] Cash Refund []

Verified By _____
EXAMINING AUDITOR

Approved By _____
TITLE

Examined and
Approved By _____
REFUND SECTION

DATE _____ 20 _____.
Month/Day ex. 6/3

Based on the facts as stated in this claim for refund and on the certificate of the Examining and Approving Auditor, as above, it is directed that a _____ be issued in the amount of \$ _____.

DIRECTOR